

**North Dakota Department of Health
Division of Emergency Medical Systems
1720 Burlington Drive
Bismarck, North Dakota 58504**

**North Dakota Rural EMS Assistance Fund
Grant Guidance Part III**

July 1, 2017 - June 30, 2019 Biennium

Purpose of Funding

The intent of the Rural EMS Assistance funding is to facilitate the development of a reliable EMS system providing reasonable EMS at a reasonable cost within the state of North Dakota. The intent is not to financially sustain each individual ambulance service.

2017 – 2019 Biennium

- Part I funding of the current biennium began in July 1, 2017 based on run volume with an across the board payout of \$202 / call for each service running less than 700 calls/year.
- Part II funding began December 1, 2017 as a competitive grant process with the intent of filling gaps that may have been created through Part I funding while addressing criticality and sustainability issues in North Dakota rural EMS.
- Through feedback received from EMS leaders, agencies, and personnel throughout North Dakota in response to distribution of Parts I and II and continued funding issues, the Rural EMS Assistance (REMSA) Subcommittee was formed under the umbrella of the Emergency Medical Services Council (EMSAC). After much review and discussion, the REMSA Subcommittee has developed the basis for Part III funding. This basis for funding has been approved by EMSAC as well as the North Dakota Department of Health (Department).

Part III Funding

- Available funding for Part III as determined by the 2017 North Dakota State Legislative Session will be in the amount of \$3,266,660.00 per year. Part III funding will be awarded by the Department beginning July 1, 2018.
- Part III funding will be based on a funding formula taking into consideration population, a model budget and estimated revenues of services within run volume categories. Run volume is defined as the average volume reported to the Department for years 2015 – 2016 not including those with a complaint of standby or a null value. No more than two services were funded under one model budget, therefore, any funding area with three or more services was categorized under two or more model budgets with one total maximum eligible funding amount still being calculated per funding area.
- **If your service is listed with another service but with only one award amount, the two services will need to submit a joint application and budget for the award amount. The decision on which service receives what amount will be determined at the local level through collaboration. This change only pertains to those combined services with one grant award.**
- All funding will be distributed to a lead agency within each funding area and an agreement must be in place between the lead agency and all participating agencies within the funding area regarding disbursement of grant funds.
- While the call volume of ambulance services having over 700 runs per year will not be used in the calculation of the maximum eligible grant award, the funding area may include that ambulance service in their funding area disbursement agreement.
- No ambulance service/funding area is required to accept the maximum eligible amount if the full funding is not needed to meet the intent of the funding source as listed within the grant guidance. Eligible funding above and beyond the need/request of an ambulance service/funding area will be reallocated according to Department discretion.
- Any funding that has been awarded based on an EMS agency that goes out of existence during the grant year may be reallocated at the discretion of the Department.

Eligibility Requirements

- Ensure that each participating ambulance service is a legal entity registered with the N.D. Secretary of State.
- Ensure that each participating ambulance service is appropriately enrolled with N.D. Workforce Safety & Insurance.
- Have one legal entity/agency that will act as the primary contact and have the infrastructure to receive and distribute the funds.
- Ensure all ambulance services within the funding area bill for services at least equivalent to the Medicare billing level.
- Ambulance service information reported in Big Picture software for each ambulance service must be up-to-date and accurate. It is necessary to have up-to-date information including personnel rosters and vehicle rosters, as well as general service information. If information is found to be inaccurate, the funds allocated may be withdrawn and reallocated to other funding areas per Department discretion.
- Up-to-date run reporting to the Department repository is required for each ambulance or substation.
- Have a run volume of 700 runs per year or less per ambulance service.
 - Any ambulance service with a run volume of more than 700 runs will not be included in the calculations for funding.
- Ensure all EMS agencies remain in compliance with state regulation as described in NDAC 33-11.
 - If an EMS agency is not in compliance at the time of application submission, they will not be taken into consideration for funding.
 - Any funding that has been awarded based on an EMS agency that becomes out of compliance during the grant year may be reallocated at the discretion of the Department.
- Ensure all EMS agencies have a medical director that provides for quality improvement activities.

Application Process

- Submit a completed application form to the Department no later than the established deadline.
- Include each EMS agency within a funding area(s) in the planning process.
 - Any agency choosing not to participate in the grant planning process must sign a refusal outlined on the application form.
 - Run volume of ambulance services choosing not to participate in the grant planning process will not be included in grant funding calculations for that funding area.
- Submit only ONE application per funding area regardless of the number of EMS agencies within the funding area.
- Applications not meeting the deadline, submitted in handwriting or otherwise not in accordance with the application's instructions, will not be accepted or considered for funding.

Deadline

Applications for Part III funding must be submitted to the Department by 5 p.m., on June 19, 2018.

Requirements of Grant Acceptance

- **Contracts that are issued must be delivered or emailed to the Department, or postmarked by 5 p.m. June 26, 2018, or they will not be accepted and monies awarded will be retracted and reallocated.**
- Grant awardees and their partners must be in compliance with all state and federal regulations.
- Requests for reimbursement must be made through the NDDoH Program Reporting System (PRS) after expenses are incurred.
 - A completed "*Financial Information Form*" must be completed and submitted to the Department for each individual ambulance service that is awarded funding within the funding area prior to

submission of the initial reimbursement request. This financial information will be utilized in the design of future funding formulas to further ensure appropriate and equitable funding.

- Reimbursement will be based on documentation of expenses.
- Reimbursement requests and accompanying documentation will be made to the Department monthly. The primary agency or legal entity will be reimbursed for the expenses incurred.
- Reimbursement requests must be made within 90 days of expense unless approval is received by the Department. **Reimbursement requests will not be accepted after July 15, 2019.**
- Only one individual from each funding area may have access to the Program Reporting System (PRS) to make requests. This person may not be changed unless emergency conditions exist.
- Each ambulance service within the funding area may request access to view current status of the grant and reimbursement request. The individual must obtain a login from the Information Technology Department (ITD) of the State of North Dakota.
- The state has the right to audit projects for financial and operational activities. It is imperative that each funding area maintain copies of all expenses incurred. Awardees must maintain all financial and operational records for at least three years following the completion of the contract.
- Grant awardees will be obligated to repay any funds spent which are not in compliance with state laws or not in accordance with the legislative intent.
- The funding period will be July 1, 2018, to June 30, 2019. **No carryover of funds will be allowed.** Final reimbursement requests must be received by July 15, 2019, in order to be processed.

Application Instructions

These instructions are to assist you in fully completing this application for your funding area. Please read all instructions thoroughly before completing the application. This application **MUST BE** fully completed before submission. Incomplete applications **will not** be considered. The date and signatures of the authorized representatives (i.e., squad leaders or board chairpersons) of all involved entities/services are needed in order for this application to be considered complete.

Please go to the [Rural EMS Assistance Fund Grant page](#) of the [DEMS](#) website for the 2018 – 2019 application form. This form can be filled out on any computer that has a PDF reader program installed. Most PDF reader programs may be downloaded free of charge from the internet. Be sure you have the latest version of the software installed before beginning the application process.

“Date of Application” – The date which the application is being completed.

“Legal Entity/Service” – The agency that will act as lead in this project and is a recognized legal entity.

“Federal Tax ID#” – The federal tax identification number for the entity being listed as the *legal entity*.

“Physical Address” – The physical location of the service within the community. This may or may not be the mailing address since many services do not have someone at their building at all times and may use a contact person’s address as a mailing address.

“Mailing Address” - The address where all mailings from NDDoH DEMS will be directed.

“Contact Person” “E-mail Address” and “Daytime Telephone” – The person to be contacted if there are any questions with the application.

“Funding Area Number” – The number assigned to your funding area. This number may be found on the [map](#).

“Total Amount Applied For” – The amount of funds requested by the funding area. No funding area is required to accept the maximum eligible amount if the full amount is not needed to meet the intent of the as listed within the grant guidance. Eligible funding above and beyond the need/request of a funding area will be reallocated according to Department discretion.

“Signature Block” – This area is for required signatures by authorized representatives (i.e., squad leader/board chairperson) of each service included in the application. Signature in this block attests to the eligibility of each agency listed as outlined in the grant guidance as well as to the creation of a disbursement agreement for funds awarded to the funding area. If no other service is involved (only one ambulance service contained within the funding area), no signatures are needed in this area.

“Refusal Signature Block” – This area is for required signatures by authorized representatives (i.e., squad leader/board chairperson) of each service refusing inclusion in the grant planning process. Signature in this block verifies that each entity/service has been given the opportunity to participate in this grant planning and has willingly opted out. Run volume for entities/services not participating will not be taken into consideration for funding awards.

“Signature of Authorized Representative” – This must be signed by the authorized representative (i.e., squad leader/board chairperson) of the legal entity/agency acting as the primary contact for the project.

“Project Budget Itemization” – Complete this section to display how awarded funding will be utilized. Each category on the form does not need to be utilized. Unlisted categories may be specified in the ‘other’ category fields. Upon approval, a monthly reimbursement request will be required using the ND Department of Health Program Reporting System (PRS). This form must be completed once for the funding area as a whole.

“Project Budget Justification” – Using the budgeted numbers from the above completed “Project Budget Itemization”, briefly describe in detail how monies will be spent in each category of the proposed budget. This area must be completed once for the funding area as a whole.

Audit Requirements

Audit requirements will be included in the final grant award and the funding area or ambulance service will need to be able to provide invoices for all expenses claimed.

Completion of the Application Process

Make sure all areas of the application are complete. The application must be received by the Department no later than 5 p.m. on June 19, 2018, in order to be considered for funding.

Application Submission Options

1. Email: dems@nd.gov
2. Fax: 701.328.0357
3. Hand delivered or mailed to:
North Dakota Department of Health
Division of Emergency Medical Systems
1720 Burlington Drive, Bismarck, N.D. 58504

A confirmation e-mail will be sent to the contact person once the application has been received.

Please email Debra Dutchuk, Grants Management Coordinator with questions concerning the application process at the following email address: debdtuchuk@nd.gov

Reference

[Century Code 23-46](#)

[EMS Funding Area Map](#)